CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/QH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	MS. MAriA	$\mathcal D$.	Date Received
	NICKNAME LAST	SUFFIX	
	" MAYELA" MEJIA		2011 JUL 1
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #, CITY;	STATE; ZIP CODE	F 0
OFFICEHOLDER MAILING ADDRESS		avks	Date Hand-delivered or Postmarked
change of address	EL PASO, Tr.	1936	Receipt # Amount O
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
OFFICEHOLDER PHONE	(915) 274.8938		Date Floressed CO
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date linaged
TREASURER NAME	Mr Alfonso		
I WAVIL	NICKNAME LAST	SUFFIX	
:	"Al" Vetarde		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER ADDRESS	8501 Edgemere		
(residence or business)	_	360-	-
		7925	
8 CAMPAIGN TREASURER PHONE	(915) 253- 2178	EXTENSION	
9 REPORTTYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month: Day Year THROUGH	Month Day	Year:
11 ELECTION	ELECTION DATE ELECTION TYPE		
	Month Day Year Le /	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	
	NA	City Repo	esentative Distrit
14 NOTICE OF DIRECT CAMPAIGN	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES.	RES MADE BY OTHERS WITHOUT THE	CANDIDATE'S PRIOR CONSENT OR APPROVAL.
EXPENDITURE BY OTHER INDIVIDUALS	Name	A.L.	ja Ja
	Address / PO Box; Apt. / Suite #; City; State; Zip Cod	de	**************************************
additional pages			
	GO TO PAG	3E 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

	···········		
15 C/OH NAME		16	ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE: HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID, ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	NTE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	2011 JUL 2017 V CL
	SPECIFIC	COMMITTEE ADDRESS	CLERK D
additional pages	· ·	COMMITTEE CAMPAIGN TREASURER NAME	9: 28
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$16,669.00
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	D \$ 0
	4. TOTAL	POLITICAL EXPENDITURES	\$ 17, 193.46
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 3.21
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$
	ACQUELINE S. LI NOTARY PUBLIC n and for the State of My commission expi 12-10-2011	Texas	ormation required to be reported by
11/46	scribed before	me, by the said Maria D. M. jill	this the
Talque//	of Juli	y, 20 // , to certify which, witness my	hand and seal of office. Motory
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title of officer administering oath

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Sch	hedule A:
2 FILER NAME MAria "MAYELA" MEJIA	3 ACCOUNT# (E	Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 920 memorial city way	\$ 750°	
Houston Tr. 77024	(If travel outside	of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See		
Date Full name of contributor out-of-state PAC(ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
le 3 1 (1 Contributor address; City; State; Zip Code 318 Rim Rd	*a535	<u> </u>
EL PASO TX. 799 12		 of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	Instructions)	
Date Full-name of contributor Out-of-state PAC(ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/3/11 David & Jery (Hercus Contributor address; City; State; Zip Code 442 Crown Point	\$144.00	
th PASO TE. 79912	(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See		
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/3/11 Contributor address; City; State; Zip Code 2330 E. Nevada # 1013 88001	\$ 300°	<u> </u>
A RASO TE. 7 LAS Cruces NIM	(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See		
Date Full name of contributor out-of-state PAC (ID#) Lean R Joseph Vander pool No.	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/3/11 Contributor address; City; State; Zip Code 15/4 W: ZARASOZA	\$250.00	2011
er PASO, 76.79936	(If travel outside	
Principal occupation / Job title (See Instructions) Employer (See		of Texas, complete Schedule-T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see instruction guide forado		requirements &

P.O. Box 12070

SCHEDULE A

			790	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
MATI	A MAYELA MEJ.	A		,
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
	Siria Rocha		contribution (\$)	description (if applicable)
10/3/11			\$ 50.00	
Lefor	6 Contributor address; City; State; Zip Code	51	30	,
	FALDENS, 76.79838	_	(If travel outside of	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor		1 0 0 0 0 0	
Duic	· · · · · · · · · · · · · · · · · · ·		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/2/4	Gary Porras Contributor address; City; State; Zip Code	م بو بو بو به به مه ده ده	- 02	
le 3 11	359 VINTON Rd		\$ 200,00	
·	Unton, Tr. 79821		(If travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#	Υ.	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
6/3/11	Contributor address; City; State; Zip Code		ران الماريد على	
61011	2049 Paseo del Rey		#500° 30	
	OLPASO, TV. 79936			
Principal acqu	pation / Job title (See Instructions)	F	L	of Texas, complete Schedule T)
- mopal occu	pation / Job title (See Instructions)	Employer (See	instructions)	
Date	Full name of contributor)	Amount of	In-kind contribution
•	SANGE & DITO PORT	2.5	contribution (\$)	description (if applicable)
10/3/11	SANDRA & TITO POVICE Contributor address; City; State; Zip Code		\$ 700-00	
Of 21.	4719 FrANKFORT			· .
	@ PASD TK. 79903			
Principal occu	 pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
				2
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution -
	Stanley Jobe		contribution (\$)	description (if applicable)
10/2/11	Contributor address; City; State; Zip Code		8571-00	<u> </u>
eloui	1150 SouThview		\$ 290	+
	CI PASO ,TV. 79.528			P
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
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	 Committee of the committee of the committee	es como en la ligidad la travagoria colorigidad menerical del sistema degli de	करात पुरस्ति है के बाद पर प्रकार के बाद के पितार के बुक्तिया है जिसे	ana ana mana mana mana mana ana mana ana

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SCHEDULE A

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The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A:
2 FILER NAME	MAYELA G WEGIA	+	3 ACCOUNT# (E	thics Commission Filers)
	MAYCLA GUL-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/3/11	Trene Epperson 6 Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	\$ 500-00	l.
Ş	5400 Silent SUR LN ELPASO, TX.79912			! -
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	·	of Texas, complete Schedule T)
		ka ang ang ang ang ang ang ang ang ang an	The second secon	
Date	Full name of contributor		Amount of	In-kind contribution
6/3/11	Contributor address; City; State; Zip Code P.O. BOY 17428	blair 4 Sarps	contribution (\$)	description (if applicable)
4	AUSTO 170 . 78760			i de la companya de l
Principal occur	pation / Job title (See Instructions)	Employer (See I		Texas, complete Schedule T)
		Linployer (dec l	noadodons)	
Date	Full name of contributor Out-of-state PAC(ID#	y-1	Amount of	In-kind contribution
	Thrae 116 0000 116		contribution (\$)	description (if applicable)
6/3/11	Contributor address; City; State; Zip Code 233 pennsylvenia		\$75000	
	EL PASO, TK. 79903		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (10#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
lel3111	Contributor address; City; State; Zip Code 4804 VIIIa Encanto		* 500	
	OL PASO, TO 79922			f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor □ out-of-state PAC (ID#_ J. O. STEW CAT		Amount of contribution (\$)	In-kind contribution description (if applicable)
Ce 13111	Contributor address; City; State; Zip Code 124 W. Custelland #		& 200°0 1	1 C E
	CI PASO, TC. 79912	-		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Principal occup	ation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedute T)
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SCHEDULE A

			A Total pages Set	odisto A
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A: 6
2 FILER NAME	A "MAYELA" MEJI	M	3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_		7 Amount of	8 In-kind contribution
6/7/11	TANNY Beg 6 Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
0 1 1	6 Contributor address; City; State; Zip Code P. D. BOY 96		#100.00	1
	CI PASO, TV. 79941		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		r reads, complete cureature 1)
Date	Full name of contributor)	Amount of	In-kind contribution
	TEXPAC TX. ASSOC OF	Realtors	contribution (\$)	description (if applicable)
6/8/11	Contributor address; City; State; Zip Code	ir dire dan dan dan dan dan dan dan gan gan g	\$ JODO"	•
	P.O. BOY 2246	•		
<u></u>	AUSTN, TK. 78768		(If travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full-name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
	ENRIQUE ESCOBUR		contribution (\$)	description (if applicable)
6/10/11	Contributor address; City; State; Zip Code		\$ 500-00	
01.0	301 T Burderland 47	3		
	ELPASO, 74. 79932		(If travel outside o	if Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor		Amount of	In-kind contribution
	1. 2000 & Gayle Hum	Ť	contribution (\$)	description (if applicable)
, nell	Woody & Gayle Hin Contributor address; City; State; Zip Code P.O. BOK 12220	•	\$ 1,000.00	
u/			J	
	EL PASO, Tr. 79913		UE agreed on a said of	Company of the state of the sta
Principal occu	pation / Job title (See Instructions)	Employer (See		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
1	JUAN Uribe		contribution (\$)	description (if applicable)
lellie lii	Contributor address; City; State; Zip Code	······	42000	***************************************
-	EL PASO, TR. 79912			
Principal ac-				f Texas, complete Schedule T)
rincipal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	Ö
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SCHEDULE A

		10		
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
MARIA	" MAYELA" Meji	A		
4 Date	5 Full name of contributorout-of-state PAC(ID#_	Sada	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
lelicelii	Blatrice & cecilia 6 Contributor address; City; State; Zip Code 1228 Baker Rd.		# 20°=	
	ELPASO, TU. 79915		(If travel outside o	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#	}	Amount of	In-kind contribution
. 11. 10.	Chris Malooly		contribution (\$)	description (if applicable)
lelle	Chris Malodly Contributor address; City; State; Zip Code 6017 Pine hurst	- 1	\$ 500,00	
-	TL PASO, 74.79912	_	(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
Leli6/11	Ruymond & Kuthy & Contributor address; City; State; Zip Code 637 willow flen	Palacios.	contribution (\$)	description (if applicable)
	EL PASO, Tr. 79922		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (10#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
lelielu	Contributor address; City; State; Zip Code 3333 Wedgewood		\$1,000.0	
	EL PASU TR. 75935		(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		, , , , , , , , , , , , , , , , , , , ,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
lelie lit	Specifing For Your Tontributor address; City; State; Zip Code 240 Thun der bird 8te.	Destivy.	contribution (\$)	description (if applicable)
•	TI PASU, TE. 799		· ·	5
Principal occup	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
general resident and the general	en separatu pera eta di basa esperatua espera de perangen perangan perangan dan basa da da da da da da da da d Tanggaran	and the second s	standige to the spiriting term that thereby by	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDUILE	AS NEFDED	28
lf. c	ontributor is out-of-state PAC, please see instr			requirements.
		A CONTRACTOR SERVICES	e e e e e e e e e e e e e e e e e e e	en e

SCHEDULE A

			·	
The	e Instruction Guide explains how to complete th	is form.	1 Total pages Sch	edule A:
2 FILER NAME		jA	3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor □out-of-state PAC (ID#_ OLIVER OLIDE 6 Contributor address; City; State; Zip Code 10824 Po2A Po CA		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10824 POZA R. CA EL PASO TK. 77925			of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		revas, complete scriedule 1)
Date	Full name of contributor out-of-state PAC(ID#_ MCYUS Group L Contributor address; City; State; Zip Code 1012 U. Cemphel	ρ.	Amount of contribution (\$)	In-kind contribution description (if applicable)
Que -	1		\$ 500,00	
÷	EL PASO, TK. 799	0)	(If travel outside o	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		,
Date (clice //	Full name of contributor out-of-state PAC(ID#_ ENDER ON ON END Contributor address; City; State; Zip Code 701 M Ag O FA A R PASU, 74. 79901	,	Amount of contribution. (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/16/11	Contributor address; City, State; Zip Code 2022 MUrchison of PASO TL. 292		# 500 00	Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See Ir		CO COMPLETE SCIENCIA (1)
Lellell	Full name of contributor out-of-state PAC (ID#_ DONORT & ROSO M Contributor address; City; State; Zip Code 201 VIII a Sevena C DOSO TY 799	10.Y 7.	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir		Texas, complete Schedule T) O
The second secon	The state of the s	Contract of Program and Contract of the Contra		

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Texas Ethics Co	ommission	P.O. Box 12070	Austin Te	xas 78711-2	70	(512) 463-580	0 (IDD 1 900 725 2000
		NTRIBUTION		NAS 10111-2	<i></i>	(312) 403-360	O (TDD 1-800-735-2989) SCHEDULE B
Th	e Instruction	Guide explains how to	complete this	s form.	F.	Total pages Sc	hedule B:
2 FILER NAM	E	The Property of the Control of the C	<u> প্রিক্রামার করিব বিশ্বর সংক্রাক্ষ্</u>	to the second second second second		3 ACCOUNT# (Ethics Commission Filers)
4 TO	TAL OF UNIT	TEMIZED PLEDGES	3: ⇨	⇔ ⇔	₽	⇒ ⇒	\$
5 Date			-state PAC (ID#:			Amount of pledge (\$)	9 In-kind description (if applicable)
	<u> </u>						of Texas, complete Schedule T)
10 Principal occ	upation / Job ti	tle (See Instructions)		11 Employe	r (See Ins	tructions)	
. Date	Full nam		state PAC (ID#: te; Zip Code			Amount of pledge (\$)	In-kind description (if applicable)
Principal occ	upation / Job til	le (See Instructions)		Employe	(See Ins	(If travel outside tructions)	of Texas, complete Schedule T)
Date	Full nam	ing pagaman ang ang ang ang ang ang ang ang ang a	state PAC (ID#: te; Zip Code	,,,,,	, , ,	Amount of pledge: (\$)	In-kind description (if applicable), C
Principal occu	upation / Job tit	le (See Instructions)		Employer	(See Inst		of Texas, complete Schedule T)
Date	Full name		state PAC (ID#			Amount of pledge (\$)	In-kind description O (if applicable)
Principal occu	upation / Job tit	e (See Instructions)		Employe	(See Insi		of Texas, complete Schedule T)
		, , , , , , , , , , , , , , , , , , , ,		-тарюўеі	(OEC IIIS)	audions)	
Date	Full name	e of pledgor out-of-s	state PAC (ID#:	and the second s		Amount of pledge (\$)	In-kind description (if applicable)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (See Instructions)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

(If travel outside of Texas, complete Schedule T).

Texas Ethics Commi	ssion P.O. Box 12070 Aus	atin, Texas 78711-2070 (512)	463-5800	(TDD 1-800-735-2989)
LOANS				SCHEDULE E
The	Instruction Guide explains how to co	mplete this form.	1 Total pa	ages Schedule E:
2 FILER NAME			3 ACCOL	JNT # (Ethics Commission Filers)
4 TOTA	AL OF UNITEMIZED LOANS:	라 라 라 라, 라,	 ⇒	\$ -
5 Date of loan	7 Name of lender	Out-of-state PAC (ID#:		9 LoanAmount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate 11 Maturity date
Y N 12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)	······································	
14 Description of Col	lateral			
15 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)
not applicable	17 Guarantor address; City;	State; Zip Code		· ·
19 Principal Occupat	ion (See Instructions)	20 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
Is tender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
¥ N				Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Description of Colla	ateral	<u></u>		- C
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip.Code		PT. 29
Principal Occupati	on (See Instructions)	Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

		····		<u> </u>
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Sala Legal Services Soli Food/Beverage Expense Trav Polling Expense Trav	regories for Box aries/Wages/Contract Labor citation/Fundraising Expense vel In District vel Out Of District be Overhead/Rental Expensi lains how to complete thi	Loan Repayment/Reimbursement Transportation Equipment & Relat Contributions/Donations Made By Candidate/Officeholder/Politica OTHER (enter a category not liste	ed Expense
1 Total pages Schedule F:	2 FILER NAME. LUNCA UMAYE	mª Meli	A ACCOUNT # (Ethics Com	mission Filers)
4 Date	5 Payee name TOCTAS NICO)		nto apply of a section of the constitution approximate
6 Amount (\$)	7 Payee address; City; State; 1840 D. Lee TY EL PASO, TK.			
8 PURPOSE OF	(a) Category (See categories listed at the top of this		tion (If travel outside of Texas, complete Scheo	
EXPENDITURE	food Beverage ELP	ense which	for volunteer	2 .
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office s	ought Office h	eld
Date	Payee name Li TTLL Ceasers Payee address; City; State;	Zin Codo		
10.01	to paso to. 799	36		
PURPOSE OF	Category (See categories listed at the top of this	schedule) Descrip	tion (If travel outside of Texas, complete Scheo	lule T)
EXPENDITURE	food Beverage EXP	iense lunci	n for Volunteer	S
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office so	ought Office h	eld
Date Lelle III	Payee name ZiPPY PMNTH	06		
Amount (\$) \$204.59	Payee address; City; State; 2855 Pershing 79	Zip Code ぞひろ		
PURPOSE OF	Category (See categories listed at the top of this	schedule) Descrip	tion (If travel outside of Texas, complete Scheo	fulèT)
EXPENDITURE	Printing Eypen	se Push	Cards.	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office so	ought Office h	eld
Date ll	Payee name:			2
Amount (\$) \$ 83.05	Payee address; City; State;			29
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POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

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Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials Expense Salaries/Wages Legal Services Solicitation/Fun Food/Beverage Expense Travel In District	Contract Labor Loan Repayment/Reimbursement fraising Expense Transportation Equipment & Related Expense	
Event Expense	Polling Expense Travel Out Of E	istrict Candidate/Officeholder/Political Committee	1
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1 Total pages Schedule F:	2 FILER NAME	la en la constanta de la constant	\dashv
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6 Amount (\$)	7 Payee address? City; State; Zip Code		
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8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Contract Labor	PUTTING UP SIZM For election	3 1 1
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POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)				7
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Fees	Printing Expense The Instruction Guide	Office Overhead/			a category not listed ab	ove)	
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

÷	EXPENDITURI	E CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment/Reimbursement		
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundra Travel In District	Ising Expense	Transportation Equipment & Relate	-	:
Event Expense	Polling Expense	Travel Out Of Dist	rict	Contributions/Donations Made By Candidate/Officeholder/Politica		е
Fees	Printing Expense	Office Overhead/R	ental Expense	OTHER (enter a category not liste	ed above)	
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1 Total pages Schedule G:	2 FILER NAME			3 ACCOUNT# (Ethics Con	mission File	ers)
4 Date	5 Payee name		· · · · · · · · · · · · · · · · · · ·			
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6 Amount (\$)	7 Payee address; City; S	tate; Zip Code				
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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

:	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	· · · · · · · · · · · · · · · · · · ·		
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expe		ense			
Consulting Expense	Food/Beverage Expense	Travel In District	• .	Contributions/Donat	ions Made By	
Event Expense	Polling Expense	Travel Out Of Dis	trict	Candidate/Office	holder/Political Com	
Fees	Printing Expense	Office Overhead/F			tegory not listed abo	ve)
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4 Date	5 Business name			1		
6 Amount (\$)	7 Business address; City; St	-to: Zin Code				
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense **Event Expense**

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense **Polling Expense**

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

The Instruction Guide explains how to 2 FILER NAME 5 Payee name	3 ACCOUNT # (Ethics Commission Filers)
5 Payee name	
7 Payee address; City; State; Zip Code	
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CREDI	rs (optional)		SCHEDULE K
The	Instruction Guide explains how to complete this form.	1 Total pages Sch	edule K:
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED.	

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

	struction Guide explains how to complete this	s form. 1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
Name of Contribut	or / Corporation or Labor Organization / Pledgor / P	²ayee
Contribution / Exp	enditure reported on:	
 -	Schedule B Schedule	le C Schedule D Schedule F Schedule C
	Schedule H Schedule N COH-UC	Schedule (
Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	n
	9 Destination city or name of destination locat	ition
0 Means of transpor	ation 11 Purpose of travel (including na	ame of conference, seminar, or other event)
Name of Contributor	/ Corporation or Labor Organization / Pledgor / Pay	yee
Contribution / Expen	liture reported on:	
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s	chedule H Schedule N COH-UC	- Journal Contention Co
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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL DEPORT

FORM C/OH - FR

	SIGNATION OF FINAL REPORT	
	The Instruction Guide explains how to co •• Complete only if "Report Type" on page 1 is:	mplete this form. marked "Final Report" ••
C/OH		2 ACCOUNT # (Ethics Commission Filers)
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SIGN	ATURE	
report	expect any further political contributions or political expenditures in connect s.a.final report terminates my campaign treasurer appointment. Lalso under any campaign expenditures without a campaign treasurer appointment on f	stand that I may not accept any campaign contributions
	WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••	2011
A.	CAMPAIGN FUNDS	
Chec	k only one:	
中	I do not have unexpended contributions or unexpended interest or income	earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned not convert unexpended political contributions or unexpended interest or in use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contributions. Further, I understand that I must dispose of unexpended political earned on political contributions in accordance with the requirements of Electrical	ncome earned on political contributions to personal ontributions and that I may not retain unexpended buttons longer than six years after filing this final contributions and unexpended interest or income
B.	ASSETS	
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∀]*	I do retain assets purchased with political contributions or interest or other in I may not convert assets purchased with political contributions or interest or use. I also understand that I must dispose of assets purchased with political of Election Code, § 254,204.	other income from political contributions to personal
	-	Signature of Candidate
	CEHOLDER plete this section <i>only</i> if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an office of am also aware that I will be required to file reports of unexpended contributions, interest or other income from political contributions or interest or other income from political contributions.	butions if, after filing the last required report as an
	<u>-</u>	Signature of Officeholder